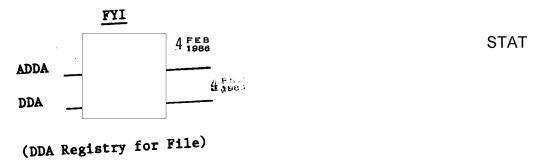
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Declassified in Part - Sanitized Copy Approved for Release 2011/12/13 : CIA-RDP88G01332R000300320014-9 **EXECUTIVE SECRETARIAT** ROUTING AND TRANSMITTAL SLIP 4 FEB 1986 ROUTING SLIP Date TO: (Name, office symbol, room number, building, Agency/Post) Initials **ACTION** INFO DATE INITIAL TO: DIRECTOR OF TRAINING AND EDUCATION 73. 1 DCI 2 DDCI 3 EXDIR 4 D/ICS 5 DDI (3) DDA 7 DDO 8 DDS&T Note and Return File 9 Chm/NIC Per Conversation For Clearance 10 GC Prepare Reply For Correction As Requested 11 IG See Me For Your Information Signature 12 Compt Investigate 13 D/OLL Justify Coordination 14 D/PAO X 15 D/PERS #1 - FOR ACTION AS APPROPRIATE. 16 VC/NIC 17 D/OTE 18 19 20 21 SUSPENSE DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions Room No.-Bldg. Executive Secretary 3 Feb 86 EO/DDA Phone No. 7D18 HQ8 3637 (10-81) OFTIONAL FORM 41 (Rev. 7-76) Prescribed by GSA FPMR (41 CFIg 101-11.206 8041-10Z

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Houston, Texas 77058 Executive Registry
86- 0427x

Reply to Attn of:

CB-1-75

Mr. William J. Casey Director Central Intelligence Agency Washington, DC 20505



Subject:

Confirmation of Astronaut Sally Ride to Serve as Speaker for the Central Intelligence Agency at Washington, DC, Contingent on

the Conditions Stated Below

Dear Mr. Casey:

Barring any operational commitments or mission priorities, the above named astronaut will be pleased to join you. We will contact you to arrange a mutually acceptable date. Astronauts enjoy the opportunity to speak to the public about NASA's ongoing and future activities in space, and we like to honor as many requests as possible for astronaut speakers. As with any research and development organization, however, NASA is subject to unanticipated schedule revisions which may affect astronaut public appearances.

For this reason, astronaut public appearances must be made with the understanding that arrangements are conditional, and subject to cancellation, as a function of Shuttle program requirements. We believe you will share with us in the conviction that NASA's first priority must be to mission success.

Your offer to reimburse for expenses associated with this appearance is appreciated, and someone from this office will contact you soon to discuss the details.

Biographical information is enclosed for publicity purposes. If you have any questions concerning the appearance, please contact the Astronaut Appearances Office at (713) 483-2629.

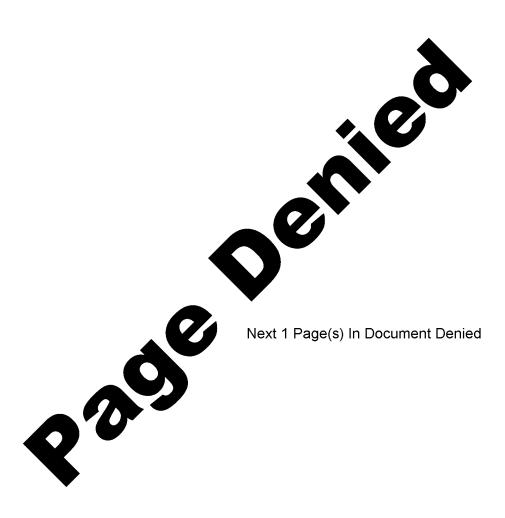
Sincerely.

William F. Fisher, M.D.

Chief, Astronaut Appearances

Astronaut Office

**Enclosure** 



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Kiki Chaput
CB/Astronaut Appearance Office
NASA Johnson Space Center
Houston, TX 77058
Phone: (713) 483-2629

. PRIMARY EVENTS AND PROI Name or Title		Location of Event(s)					Date -			Time		
:								_			_	
Type of Event: National	( )	)	Α	nnual	(	)	Lu	nched	on (	)		
Regional	( )	}	N	lonthly	(	)	Di	nner	(	)		
State	( )	)	0	ther	(	)	01	her	(	)		
Local	( )	)									٠	
2. SPEECH (Must be space	relat	ed)										
Topic Desired: Gene	eral:	( )										
Specific: ( )												
Suggested Length:		_										
Question and Answer Sessi	on:	Yes	( )	No	)	(	)					
3. EQUIPMENT AVAILABLE												
<b>Public Address System</b>			(	)	*	Slide	Projecto				(	)
Lavalier or Lapel Micropho	one		(	)				Carou			(	)
Lectern			(	)		Scre	en (overh	read o	r regu	ılar	) (	)
*Motion Picture Projector (	(16mr	n)	(	)	*	Qua	lified Pro	jectio	nist		(	)
*If event is being held in a the room and locating the view of movie and/or slides	facilit proje s as w	ty whic ction e ell as th	h does i quipme he spea	not have ent to in ker.	e a su	stag re th	je, please lat the au	arran dienc	ige fo e has	r da ma:	irkei ximu	ning um
4. AUDIENCE												
Anticipated Size	Comp	osition	(busine	ess, gene	era	al pu	blic, othe	er)				
5. PUBLICITY		<u>, </u>										
Event open to the press				Yes	S	(	) N	lo (	( )			
Press conference to be so	hedu	led		Ye	S	(	) N	lo (	( )			
Speech to be broadcast.				Ye	S	(	) N	lo (	( )			
Any media interest in sp	eaker			Ye	S	(	) 1	lo (	( )			

7. CONTACT REPRESENTATIV  Name and Title	Address	Work Phone	Home Phone
8. DIGNITARIES EXPECTED			
9. RESTRICTIONS			
Will any person for reason of	race, religion, sex, or cree	d be excluded from or se	egregated within
membership in sponsoring or	rganization, attendance at	t this event, or any of th	e facilities housing
this event?	Yes ( )	No ( )	•
10. ACCOMMODATIONS			•
Recommended place for lodg astronaut(s). Please give name			for the
11. TRANSPORTATION			
Nearest commercial airp	oort		
Nearest military airport			
12. COMMENTS OR INFORMA	ATION NOT COVERED ABO	OVE:	
Date:			